

AMERICAN BURYING BEETLE ACCIDENTAL-DEATH FORM

SPECIMEN NUMBER _____

DATE FOUND: _____
Day Month Year

SITE DESCRIPTION

COUNTY: _____

STATE: _____

LEGAL DESCRIPTION OF SITE: _____

OTHER INFORMATION ON SITE LOCATION: _____

HABITAT DESCRIPTION: _____

BEETLE DESCRIPTION

CAUSE OF DEATH: _____

SEX: MALE FEMALE

AGE: NEWLY ECLOSED OLD UNKNOWN

OTHER COMMENTS: _____

OTHER INFORMATION

COLLECTOR: _____

WHERE DEPOSITED (to be completed by master permittee): _____